

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/06/2011	
NAME OF PROVIDER OR SUPPLIER  STERLING HOUSE OF MICHIGAN CITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 E COOLSPRING AVE MICH CITY, IN46360			
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R0000	<p>This visit was for the investigation of Complaint IN00090919.</p> <p>Complaint IN00090919 - Substantiated. State Residential Findings related to the allegation are cited at R217.</p> <p>Survey Date: June 6, 2011</p> <p>Facility Number: 010610 Provider Number: 010610 AIM Number: n/a</p> <p>Survey Team: Heather Tuttle, R.N. T.C. Lara Richards, R.N.</p> <p>Census Bed Type: 55 Residential 55 Total</p> <p>Census Payor Type: 55 Other 55 Total</p> <p>Sample: 4</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review 6/10/11 by Suzanne Williams, RN</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/28/2011

FORM APPROVED

OMB NO. 0938-0391

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R0217	<p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope;</p> <p>(B) frequency;</p> <p>(C) need; and</p> <p>(D) preference;</p> <p>of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interviews, the facility failed to ensure a resident's service plan was reflective of the resident's current condition related incontinence care and cognition for 1 of 4 sampled residents. (Resident #B)</p> <p>Findings include:</p>			R0217	<p>The following is the Plan of Correction for Sterling House of Michigan City in regards to the Statement of Deficiencies for the complaint survey completed on 6-6--2011. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine.</p>		07/05/2011

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	<p>The record for Resident #B was reviewed on 6/6/11 at 9:45 a.m. The resident's diagnoses included but were not limited to, recurrent urinary tract infections, depression and overactive bladder.</p> <p>Review of the resident's Personal Service Plan dated 1/6/11 indicated the resident required no bathroom assistance. The resident was also alert and oriented to person, place and time.</p> <p>Review of the Assessment Summary Report dated 1/6/11 indicated the resident was not receiving any bathroom assistance from staff.</p> <p>Nursing Progress Notes dated 2/3/11 at 3:30 p.m., indicated the resident was confused and her confusion had increased.</p> <p>Nursing Progress Notes dated 2/4/11 at 2:30 p.m., indicated the resident was confused. Nurse's Notes dated 2/11/11 at 9:20 a.m., indicated the resident had increased confusion.</p> <p>Nursing Progress Notes dated 3/5/11 at 1:25 p.m., indicated the resident's daughter was notified regarding the resident's increased confusion.</p> <p>Nurse's notes dated 4/29/11 at 3:00 a.m., indicated the resident was incontinent</p>		<p>Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective. <u>R</u> Evaluation <b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></b> · Resident: Personal Service Plan needs are scheduled to be reviewed with resident's daughter on 6-17-11. Toileting needs will continued to be addressed by caregivers until the care plan can be agreed upon. <b><i>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</i></b> · Health and Wellness Director/Designee will re-educate associates on proper communication to her regarding variances between current service plan and the services requested or needed by the resident. A "Care Profile" is available for caregiver review of the personal services required. Caregivers are to refer to the</p>		

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	<p>times one in her brief. Nurse's notes dated 5/17/11 at 10:00 p.m., indicated the resident was incontinent of a large amount of urine in her bed at supper time. The resident was agitated and confused. The resident did not come out of her room all night and at bed time she was still confused. Nursing Progress Notes dated 5/18/11 at 1:30 p.m., indicated the resident had some confusion.</p> <p>Interview with R.N. #1 on 6/6/11 at 9:00 a.m., during orientation tour, indicated Resident #B was a "check at night." When asked what that meant, the R.N. indicated she was checked for incontinence every two hours at night time. The R.N. also indicated the resident was incontinent during the day. Further interview with R.N. #1 indicated the resident was confused at times.</p> <p>Interview with CNA #1 on 6/6/11 at 1:10 p.m., indicated Resident #B was confused and forgetful. The CNA indicated the resident needed a lot of encouragement and cueing to change her brief. The CNA indicated that she physically assists the resident to the bathroom and physically changes her brief, because the resident usually was incontinent and she does not always change the brief when it was wet.</p> <p>Interview with CNA #2 on 6/6/11 at 3:00</p>				<p>Care Profile and notify the HWD in the event additional services are required. <b><i>What measures will be put in place or what systemic changes will be implemented to ensure the alleged deficient practice does not recur?</i></b> · Health and Wellness Director/Designee will meet with caregivers monthly to review each resident's needs. · Caregivers are encouraged to verbalize any changes in resident status to the HWD on a daily basis. <b><i>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place?</i></b> HWD will meet with the lead Care Associate weekly to review changes needed in Care Profiles and assignment sheers. In the event there are changes, HWD will re-assess resident and update service plan accordingly. <b><i>By what date will these systemic changes be implemented? *7-5-11</i></b></p>		

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	<p>p.m., indicated she works the 2-11 shift and has been employed at the facility for a very long time. The CNA indicated that she physically assists Resident #B to the bathroom and changes her brief. The CNA indicated the resident was usually incontinent of urine and needed reminders and cueing to use the bathroom.</p> <p>Interview with the Director of Health and Wellness on 6/6/11 at 1:25 p.m., indicated she was not aware that Resident #B needed physical assist with toileting and that she was incontinent. The Director also indicated she was unaware of the resident's increased confusion. The Director indicated the resident's Service Plan was not reflective of the resident's current condition.</p> <p>This state residential finding relates to complaint IN00090919.</p>						